

STD. 262 (REV. 10/92)

**CLAIMANT'S NAME**

Holly Martinez

POSITION

### Chief of Staff

RESIDENCE ADDRESS

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Governor's Office

DIVISION OR BUREAU

INDEX NUMBER
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First Lady's Office

HEADQUARTERS ADDRESS
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TELEPHONE NUMBER	
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State Capitol

CITY
Sacramento

STATE

CA

ZIP

95814

[illegible]

CLAIM TOTAL

1036.00

~~\$1,040.70~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Worked at the 2009 California Governor and First Lady's Conference for Women.

## NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

**USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

SIGNATURE OF TITLE

## TY FOR SPECIAL EXPENSES

DATE \_\_\_\_\_